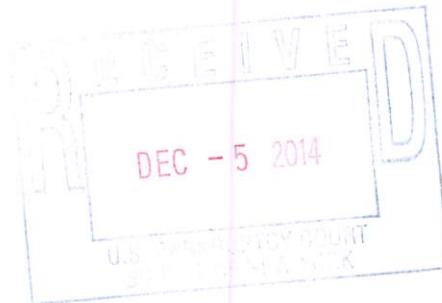


U.S. Bankruptcy Court of the
Southern District of N.Y.
One Bowling Green
New York, NY 10004
USA



Epiq Bankruptcy Solutions, LLC
757 Third Avenue, 3rd Floor
New York, NY
USA

marcel.ledergergerber@finanz-logistik.ch
Direkt: +41 71(0) 242 77 17 Fax: +41 (0)71 242 77 49

St. Gallen, 3rd december 2014

Transfer of claims / Lehman Brothers Holding / Registration

Dear Sir or Madam

By order of acrevis Bank AG we send you enclosed the following forms:

- Transfer / Evidence of Transfer / Power of Attorney
- payment aggregation

Thank you very much for your confirmation of the registration.

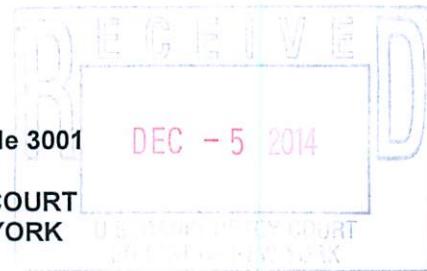
With compliments

Finanz-Logistik AG

Marcel Ledergerber

Roman Lengwiler

Copy: U.S. Bankruptcy Court of the Southern District of N.Y., One Bowling Green, New York, NY 10004



In re: Lehman Brothers Holdings Inc.

Case No.: 08-13555 (JMP)

Court ID (Court Use Only) _____

**NOTICE OF TRANSFER OF CLAIMS OTHER THAN FOR SECURITY
PURSUANT TO BANKRUPTCY RULE 3001(E)(2)**

CLAIMS HAVE BEEN FILED IN THIS CASE or deemed filed under 11 U.S.C. §1111(a). Pursuant to Bankruptcy Rule 3001(e)(2), Transferee hereby gives notice of the transfer, other than for security, of the claims referenced herein.

<u>Name of Transferee:</u> acrevis Bank AG	<u>Name of Transferor:</u> Max Dürr
Notices to Transferee should be sent to: acrevis Bank AG c/o Finanz-Logistik AG Rosenbergstrasse 16 9004 St. Gallen PHONE: +41 71 242 77 17 Attn: Marcel Ledergerber EMAIL: marcel.ledergerber@finanz-logistik.ch	Court Record Address of the Transferor: (Court use only)
Name and Address where transferee payments should be sent (if different from above):	Name and Current Address of Transferor Max Dürr acrevis Bank AG (former swissregiobank AG) c/o Finanz-Logistik AG Rosenbergstrasse 16 9004 St. Gallen SWITZERLAND
<u>Amount of Claim Being Transferred:</u> USD 90'050.00	
<u>Court Claim No. (if known):</u> 48907	
<u>Date Claim Filed:</u> October 27, 2009	

I declare under penalty of perjury that the information provided in this notice is true and correct to the best of my knowledge and belief.

By:

acrevis Bank AG
c/o Finanz-Logistik AG
Rosenbergstrasse 16
9004 St. Gallen

Date:

1/12/2014

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 &3571. As set forth in the attached Evidence of Transfer of Claim, Transferor has waived to the fullest extent permitted by law any notice or right to receive notice of a hearing under Bankruptcy Rule 3001(e).

Evidence of Transfer

EVIDENCE OF TRANSFER OF CLAIM

TO: United States Bankruptcy Court for the Southern District of New York (the "Bankruptcy Court")
One Bowling Green
New York, New York 10004
Attention: Clerk of the Court

AND TO: Lehman Brothers Holdings Inc. (*the "Debtor"*)

Case Name and Number: *In re Lehman Brothers Holdings Inc., No. 08-13555 (JMP)*

Proof of Claim Number: **48907** (*the "Proof of Claim"*)

Portion of the Claim Subject to Transfer (*the "Transferred Claim"*):

This Evidence of Transfer of Claim relates solely to that portion of the Proof of Claim that is based on the following Lehman Programs Securities:

DESCRIPTION OF SECURITY	ISIN	ISSUER	GUARANTOR	FACE AMOUNT
20 % Equity Yield Note Lehman Brothers Sec. NV 2007-20.11.2008 on Basket of shs SL-07/674	XS0329635790	LBS NV	LB	USD 90'050.00

The aggregate amount of the Transferred Claim is To Be Determined. For the avoidance of doubt, these Lehman Programs Securities are described on pages 11 and in paragraphs/lines 9 of the Addendum to the Proof of Claim.

MAX DÜRR, (*Transferor*) hereby acknowledges to have unconditionally and irrevocably transferred and assigned to:

acrevis Bank AG
c/o Finanz-Logistik AG
Rosenbergstrasse 16
9004 St. Gallen
PHONE: +41 71 242 77 17
Attn: Marcel Ledergerber
EMAIL: marcel.ledergerber@finanz-logistik.ch

("Transferee") all rights, title and interest in and to the Transferred Claim against the Debtor in Case No. 08-13555 (JMP) in the Bankruptcy Court, or any other court with jurisdiction over the bankruptcy proceedings of the Debtor.

Transferor hereby waives any objection to the transfer of the Transferred Claim to Transferee on the books and records of the Debtor and the Bankruptcy Court, and hereby waives to the fullest extent permitted by law any notice or right to a hearing as may be imposed by Rule 3001 of the Federal Rules of Bankruptcy Procedure, the Bankruptcy Code, applicable local bankruptcy rules or applicable law. Transferor acknowledges and understands, and hereby stipulates that an order of the Bankruptcy Court may be entered without further notice to Transferor transferring the Transferred Claim to Transferee and recognizing the Transferee as the sole holder of the Transferred Claim.

You are hereby directed to make all future payments and distributions, and to give all notices and other communications, in respect of the Transferred Claim to Transferee.

IN WITNESS WHEREOF, the undersigned has duly executed this Evidence of Transfer of Claim by its duly authorized representative dated January 21, 2013.

Transferor



By:

Name: Max Dürr (acrevis Bank AG with Power of Attorney)



ACKNOWLEDGED BY:

acrevis Bank AG
Transferee

By:

Name: Dominik Eisenegger
Title: Director

acrevis Bank AG (former swissregiobank AG)

By:

Name: Daniel Sangari
Title: Client Advisor

swissregiobank AG
Lerchenfeldstrasse 9
9500 Wil

Telefon 071 913 48 80
Telefax 071 913 48 88

www.swissregiobank.ch
info@swissregiobank.ch

MWSt 124.151

Power of Attorney

Name and address of principal:

Herr
Max Dürr
Mooswiesstrasse 84
9200 Gossau SG

a creditor of the following titles:

CHF 100'000.00	20 % Equity Yield Note Lehman Brothers Securities 2007-20.11.08 on a Basket of Shs SL-07/674	ISIN XS0329635790
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hereby makes and appoints:

swissregiobank AG
Lerchenfeldstrasse
9500 Wil

as his/her true and lawful attorney in the following matter:

Lehman Programs Securities / proof of claim / Liquidation payments in future

to represent his/her interests as a creditor, in particular for the receipt of payments in the debt restructuring liquidation of the company or its affiliates marked above.

The attorney is authorised to undertake or refrain from undertaking any action it deems necessary or appropriate in order to safeguard the interests of the principal.

This power of attorney remains valid even after the creditor's death and/or its incapacity to act.

The present power of attorney shall be exclusively governed by and construed in accordance with Swiss law. The exclusive place of jurisdiction for any disputes arising out of and in connection with the present power of attorney shall be Wil.

Place and date:

.....Gossau, 22.9.09.....

Principal

.....M. Dürr.....

(Signature of principal)

Lehman Brothers Holdings Claims Processing, PO Box 6389, Portland, OR 97228-6389

Creditor Name: acrevis Bank AG (former swissregiobank AG)

Payment Aggregation Number W0042185

Claim Number(s): 48907

Please Type of Print in the Boxes Below; Do NOT use Red Ink, Pencil, or Staples

PART I: CONTACT INFORMATION

Contact Last Name

L E D E R G E R B E R

MI

Contact First Name

M A R C E L

Telephone Number (Day)

0 4 1 - 0 7 1 2 4 2 - 7 7 1 7

Telephone Number (Evening) or (Cell)

 - - -

Email Address

M A R C E L . L E D E R G E @ F I N A N Z - L O G I S T I K . C H

(Username)

(Domain Name)

R B E R

Lehman Brothers Holdings Claims Processing, PO Box 6389, Portland, OR 97228-6389

Creditor Name: acrevis Bank AG (former swissregiobank AG)

Payment Aggregation Number: W0042185

Part II: BANK INFORMATION

Account Holder Name (if different than Creditor Name above):

A C R E V I S B A N K A G

Beneficiary Bank Name:

B A N K C I C (S W I T Z E R L A N D) L T D

Country of Bank Account:

S W I T Z E R L A N D

IBAN or Account Number (Required):

C H 4 5 0 8 7 1 0 0 0 0 8 5 4 5 7 2 0 0 2

BIC/SWIFT Code (non-US Banks only):

C I A L C H B B X X X

ABA Routing Code (US Banks Only):

Sort Code (UK/IRL Only):

Other Banking Instructions - Specify Further Credit (FFC) Information Here:

C L A I M L E H M A N B R O T H E R S

If you need to use an intermediary bank to transfer money, please complete the below:

Intermediary Bank Name:

Country of Intermediary Bank Account:

Intermediary IBAN or Account Number:

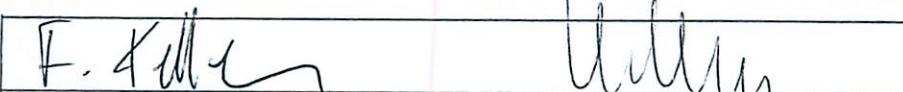
BIC/SWIFT Code (non-US Banks only):

ABA Routing Code (US Banks Only):

Sort Code (UK/IRL Only):

Intermediary Bank Instructions

I, the undersigned, am the above-referenced creditor, or an authorized signatory for the above-referenced creditor. (If the signatory is not the above-referenced creditor, please provide a copy of the power of attorney, or a letter on company letterhead granting the authority to make the representation on behalf of the creditor, and provide your title below.) I hereby (1) request that distributions made to the above-referenced creditor be made by wire transfer to the above-referenced bank account, (2) confirm that this account is authorized to receive payment for this claim, and (3) acknowledge that a fee of \$20 for transfers to a U.S. bank account or \$35 for transfers to a non-U.S. bank account will be deducted from each wire.



Signature of Claimant, or Authorized Signatory

Date:

 -

 -

M M D D Y Y

Keller Florian

Robert Noll

Print Name of Claimant, or Authorized Signatory (and title, if applicable)